FIELD TRIP PERMISSION FORM

*Our* *class* *has* *a* *field* *trip* *coming* *up!* *According* *to* *school’s* *policies* *we* *must* *obtain* *parent* *permission* *before* *every* *off-campus* *field* *trip.* *Please* *complete* *this* *form* *and* *return* *it* *to* *the* *school* *as* *soon* *as* *possible.* *Please* *also* *return* *the* *amount* *due* *per* *student* *(if* *applicable)* *with* *the* *form.* *Please* *make* *checks* *payable* *to* *the* *school.*

**Field** **Trip** **Information** *To* *be* *completed* *by* *the* *school*

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| --- | --- | --- | --- |
| **Destination** | | | **Field** **Trip** **Date** |
| Texas Roadhouse Restaurant | | | Monday, May 14th |
| **Cost** **Per** **Student** | **Location** | **Permission** **Slip** **Due** **By** | **Transportation** |
| $10 | 3001 Old Boynton Road, Boynton Beach, FL 33436 | Friday, May 4th | ☐Walking  X School Bus ☐Private Vehicle ☐Rental Vehicle  ☐Other: Click here to enter text. |
| **Educational** **Purpose** **of** **Trip** | | |
| Students will be able to see the ins and outs of a business as we are learning about all the different components in our class economics unit. | | |
| **Other** **Notes** **From** **School** | | |
| Wear regular uniform. We will depart school around 10:40 am and arrive back to school around 2:40 pm. Lunch will be provided. Students with peanut allergies should not attend due to high presence in restaurant. | | |

**Student** **Information***To* *be* *completed* */* *verified* *by* *the* *parent*

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| --- | --- | --- |
| **First** **Name** | **Last** **Name** | **Grade** **Level** |
|  |  |  |
| **In** **case** **of** **emergency,** **contact** **1** | **In** **case** **of** **emergency,** **contact** **2** | **In** **case** **of** **emergency,** **contact** **3** |
|  |  |  |
| **Health** **Concerns** **Pertinent** **To** **This** **Trip** | | |
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**Parent** **Statement**

I hereby grant permission for my child to attend the above reference field trip. I authorize the school to transport my

student using the method described above. Furthermore, I authorize school staff to obtain medical treatment for my child, which includes required emergency transportation, in case of serious illness or injury and agree to pay for such treatment. I understand that the trained school employees who usually dispense medications may not be present during this trip, and that medications will instead be dispensed by another responsible staff member. Further, I understand that all code of conduct and student rules apply to my child while they are attending this school sponsored field trip.

|  |  |
| --- | --- |
| **Parent** **Signature** **Date** | |
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Field Trip Permission Form – Adopted 6.5.2015 *Developed* *by:* *Charter* *Support* *Unit*